Evaluation of Factors Influencing Uptake of Voluntary Medical Male Circumcision (VMMC) amongst Males in the Pivot Age Group (15-29 Years) in East Central Uganda

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Background

- Mathematical modeling suggests that circumcising 80% of the males aged 15–49 in the 13 priority countries of Africa could avert 3.36 million HIV infections by 2025
- With respect to Uganda, the focal demographic for HIV prevention identified was 15-29 years
- However, little is documented in Uganda about, factors influencing VMMC uptake in this pivot age group
- The objective was to determine the determine
 - The <u>level of uptake</u> of medical circumcision, and
 - Factors influencing uptake of VMMC amongst males aged 15-29 years in East Central Uganda.
- TASO Institutional Review Board reviewed and approved the study.



Methods: Cross-sectional study of 1,230 randomly sampled males from 12 districts in East Central Uganda

Study design & setting

• Cross-sectional study, implemented across 12 districts of East Central Uganda

Study Population

- Eligible participants were males aged 15-29 years
- Mobilized for VMMC services by the thirty VMMC accredited sites within the East Central Uganda

Sample size and sampling procedure

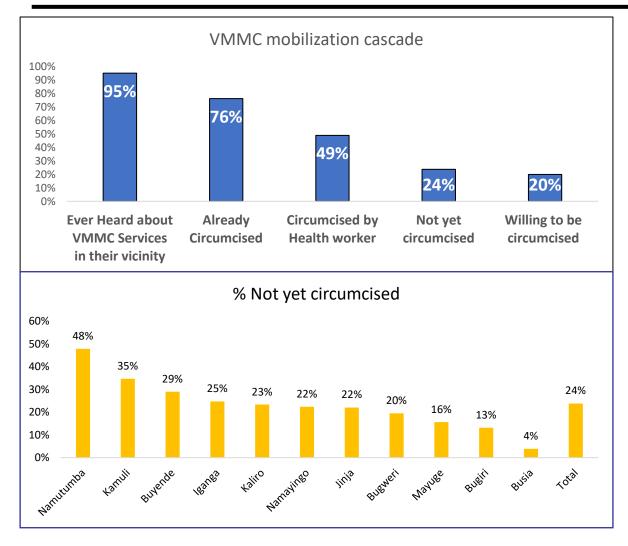
- Sampling frame developed by line listing males mobilized for VMMC by accredited VMMC sites
- 1230 males randomly sampled from line list using systematic sampling (every third eligible male).

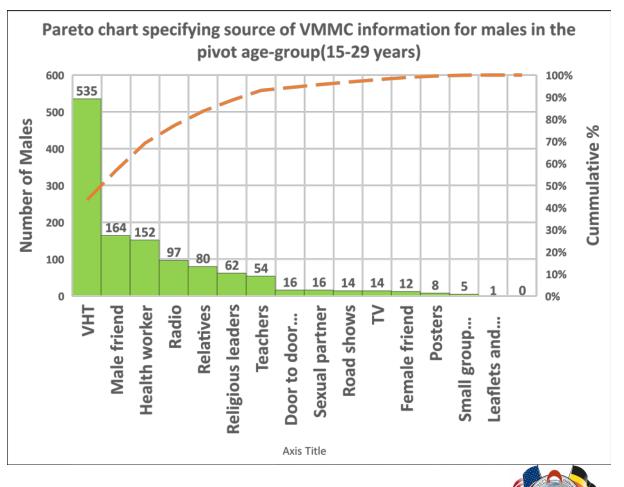
Data collection and analysis

- Informed consent obtained
- Data collected using paper questionnaires, then entered using ODK platform and cleaned
- Data analyzed using STATA 14.
- Logistic regression used to identify factors influencing VMMC uptake



Key Findings: VHTs, peers & health-workers are key source of information;76% coverage of VMMC; Biggest opportunities for VMMC uptake in East Central Uganda are in Namutumba, Kamuli, Buyende& Iganga districts







Key Findings: Factors significantly associated with VMMC uptake for mobilized males in the pivot age-group

Sociodemographic

Religion: Belonging to Muslim faith relative to Christian (AOR= 16.81 [8.59-32.88])

Motivators to VMMC uptake

- Parental encouraged VMMC uptake: (AOR = 1.76 [1.26-2.44])
- Knowledge about benefits: Reduces risk of STIs e.g., HIV (AOR = 2.04 [1.13-3.68])
- Knowledge about benefits: Reduces risk of Cervical Cancer in partners (AOR = 1.51 [1.09-2.10])
- Knowledge about where VMMC services offered (AOR = 3.18 [1.99-5.09])
- Belief that no major adverse events will occur during or following VMMC (AOR=1.95 [1.39-2.74])
- Health Care providers make provisions to ensure confidentiality (AOR= 2.89 [1.63-5.10])
- Affordable transport costs to VMMC site (AOR=1.57 [1.06-2.31])

Barriers to VMMC uptake

- Sexual partners seemed to discourage VMMC uptake (AOR = 0.37 [0.26-0.52])
- Fear of complications after VMMC (AOR=0.67 [0.49—0.93])
- Belief that VMMC procedure is painful (AOR=0.46 [0.30-0.70])



Implications for Epidemic Control Efforts

To improve VMMC uptake in the pivot age group 15-29 years:

- Parents and guardians positively iinfluence uptake of VMMC amongst pivot age group- Leverage them during mobilization
- Sexual partners seem to negatively influence VMMC uptake- Need to be engaged for better uptake of VMMC with pivot age group
- Take measures to ensure ease of accessibility to VMMC site to ensure that transport is affordable for mobilized clients
- During mobilization focus on the following benefits and barriers to VMMC:
 - Reduced risk of HIV
 - Reduced risk of cervical cancer to sexual partners
 - Reduced risk of STI's
 - Communicate clearly the venue of the VMMC site
 - Address fear of pain and ensure availability of adequate local anesthetics e.g., lignocaine and analgesics e.g.,
 paracetamol
 - Address fear about risks of postVMMC procedure complications
 - Reaffirm confidence of of low risk of postVMMC adverse events
 - Reaffirm health care provider confidentiality



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- District Leadership in EC region

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Yes

